



Annual Report/1970





The Children's Hospital
Medical Center

comprising

The Children's Hospital Medical Center
Sarah Fuller Foundation for Little Deaf Children
The Sharon Sanatorium
Children's Cancer Research Foundation, Inc.
Judge Baker Guidance Center
Parents' and Children's Services
of The Children's Mission

300 Longwood Avenue
Boston, Massachusetts 02115
Telephone: (617) 734-6000

Executive Offices

141 Milk Street
Boston, Massachusetts 02109
Telephone: (617) 482-6120

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	as of July 1, 1971			as of July 1, 1971		as of July 1, 1971	
						Trustee Investment Committee	Nelson S. Bartlett, Jr. John L. Cooper <i>(Resigned 6-10-71)</i> Thomas W. Courtney Hans H. Estin F. Murray Forbes, Jr. G. Peabody Gardner James Jackson, Jr. Edward C. Johnson, 2d Joseph C. McNay William F. Morton <i>Chairman</i> Clair C. Pontius
						as of July 1, 1971	
						Counsel and Auditors	William N. Swift, Hutchins & Wheeler <i>Counsel</i>
						as of July 1, 1971	Arthur Andersen & Co <i>Auditors</i>

A major crossroads in the history of CHMC was passed late in 1970 when the opening of the Laboratories for Pediatric Research signalled completion of all the major objectives of our REACH program. In reaching this point, Children’s has lifted itself from the verge of physical inadequacy and obsolescence to a place in the forefront of medical centers, in terms of facilities for patient care, research and related activities.

At the start of the REACH campaign it was pointed out that without new and modernized facilities:

“... we would be not only defaulting on our obligations to the community and the public ... but the inadequacy, and in some cases outright lack of space would gravely jeopardize our ability to recruit the quality of staff required to maintain our position of leadership.”

Today, to a large extent, we have the facilities necessary to meet our public obligations, and they are serving the public well. In addition, the availability of these facilities undoubtedly has been of immeasurable help in maintaining the superior level of proficiency of our senior staff. During a period when mandatory retirements caused an unusual rate of turnover among the Chiefs of Staff - who individually and through their services determine the quality of our institution - we have been fortunate in attracting replacements of the highest calibre. During the past 18 months, alone, the following changes occurred in key positions:

- Dr. Julius Richmond, former Director of Health Affairs, Office of Economic Opportunity, replaced Dr. George P. Gardner as Psychiatrist-in-Chief;
- Dr. Kasley Welch, former Professor of Neurosurgery, University of Colorado, was appointed CHMC Neurosurgeon-in-Chief;
- Dr. Melvin J. Glimcher, former Chief of the Department of Orthopedic Surgery at Massachusetts General Hospital, became CHMC Orthopedist-in-Chief;
- Dr. Burton F. Jaffe was appointed Otolaryngologist-in-Chief at CHMC, succeeding Dr. Carlyle G. Flake;
- Dr. Gordon F. Vawter was named Acting Pathologist-in-Chief, a post held by Dr. Sidney Farber until his retirement.

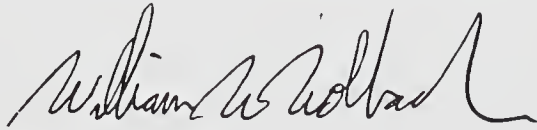
Particular mention should be made of Dr. Farber and the essential role that he played in the concept and evaluation of CHMC. This can best be described by the following quotation from the program of a recent dinner given in his honor:

“Throughout the history of mankind each generation has put forth a few extraordinary individuals whose contributions have far surpassed those of their contemporaries. We, of The Children’s Hospital Medical Center, consider ourselves fortunate to have had among us, Sidney Farber, who beyond a doubt is one of the outstanding men of his generation and of his time.

“Although the world knows him best for his efforts in the field of cancer of children, we know him, too, as a physician with unlimited compassion, a scientific investigator with wide-ranging interests and accomplishments, and a visionary whose dreams are portents of things to come. The Children’s Hospital Medical Center as it is today was a dream of Dr. Farber’s - a dream that was to become a reality. But Sidney’s contributions go far beyond those of a conceptualizer; he is an architect and a builder. Much of the thinking, planning and implementing - many of the ideas, policies, services, people and buildings that now constitute The Children’s Hospital Medical Center, in one way or another are attributable to him”

While Children’s has changed dramatically in the past few years, some things appear never to change, particularly the flourishing abundance of problems inherent in operating a major teaching and research medical center. The basic costs of operation - people costs - continue to rise sharply. Payments from government agencies for services rendered a high proportion of our patients are occasionally unreasonably slow and irregular. The patient load is influenced by the business recession. Research funds from governmental sources have been curtailed; and of potentially great long term significance, there is a growing momentum towards some form of national health insurance, carrying with it implications on institutions such as ours.

But problems represent challenges that lead to solutions. Several comprehensive studies already are underway at Children’s, and may lead to substantial restructuring and perhaps major economies. At the same time, steps are being taken to increase the tempo of our fund raising efforts which have been in low gear since completion of the REACH campaign. In relation to the rapidly changing, seemingly difficult environment that lies ahead, CHMC has never been stronger. Its plant, with one or two exceptions, is thoroughly modern; its staff is the personification of professional leadership, and its administration is experienced and extraordinarily capable. We have never been better equipped to cope with both the uncertainties and the opportunities that lie ahead!



William W. Wolbach
President

Report of the President

Trustee Development Steering Committee	Charles F. Adams George Alpert William L. Brown <i>Chairman</i> John L. Cooper Robert P. Fitzgerald Hugh K. Foster Robert E. Gregg Stephen J. Griffin Daniel E. Hogan, Jr. Austin B. Mason Joseph C. McNay Victor H. Pomper Edward Rose Robert E. Slater
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Senior Administration	Leonard W. Cronkhite, Jr., M.D. David S. Weiner
as of July 1, 1971	Mrs. Joanne B. Bluestone Rudman J. Ham
	William J. Brennan Albert L. Broseghini, Ph.D.
	Walton E. Devine William T. Kearns
	George W. Lunn Richard D. Mills <i>(Resigned 5-1-71)</i> Miss Muriel B. Vesey, R.N.

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<i>Executive Vice President Director</i>	
<i>Associate Director Associate Director</i>	
<i>Director of Public Relations Director of Research Administration Director of Fiscal Affairs Director of Resources and Development Director of Personnel Services Director of Patient Services</i>	
<i>Director of Nursing</i>	

Staff Executive Committee	Charles F. Barlow, M.D. Leonard W. Cronkhite, Jr., M.D. Sidney Farber, M.D. <i>(Retired 9-1-70)</i> Gordon F. Vawter, M.D. <i>(Effective 9-1-70)</i> Carlyle G. Flake, M.D. <i>(Retired 10-1-70)</i> Burton F. Jaffe, M.D. <i>(Effective 10-1-70)</i> George E. Foley, Sc.D.
as of July 1, 1971	M. Judah Folkman, M.D. George E. Gardner, Ph.D., M.D. <i>(Retired 1-1-71)</i> Julius Richmond, M.D. <i>(Effective 1-1-71)</i> Melvin J. Glimcher, M.D. <i>(Effective 9-1-70)</i> Robert E. Gross, M.D.

	Sprague Hazard, M.D. Charles A. Janeway, M.D. Alexander S. Nadas, M.D. Edward B.D. Neuhauser, M.D. Arthur M. Pappas, M.D.
	Richard M. Robb, M.D. Roger E. Sheldon, M.D.
	John Shillito, Jr., M.D. Keasley Welch, M.D. <i>(Effective 1-1-71)</i> Robert M. Smith, M.D. Lennard T. Swanson, D.M.D. David S. Weiner

<i>Neurologist-in-Chief Executive Vice President Chairman of the Staff and Pathologist-in-Chief Pathologist-in-Chief (Acting)</i>	
<i>Otolaryngologist-in-Chief</i>	
<i>Otolaryngologist-in-Chief</i>	
<i>Staff Delegate, Children’s Cancer Research Foundation Surgeon-in-Chief Psychiatrist-in-Chief</i>	
<i>Psychiatrist-in-Chief</i>	
<i>Orthopedic Surgeon-in-Chief</i>	
<i>Surgeon-in-Chief in Cardiovascular Surgery President of the Medical Staff Physician-in-Chief Chief, Cardiology Department Radiologist-in-Chief Acting Chief of Clinical Orthopedics Ophthalmologist-in-Chief House Officers Chief Representative Neurosurgeon-in-Chief (Acting) Neurosurgeon-in-Chief</i>	
<i>Anesthesiologist-in-Chief Dentist-in-Chief Director</i>	

There are other examples. Children’s was among the first medical institutions to recognize that with certain segments of the community around us an interpreter was necessary, to interpret *to us* what the community was asking, and to interpret *to the community* how we were responding. Our first, and in retrospect somewhat clumsy, efforts in this direction focussed on the black community, with good success we believe. Now we have gone a step further and recognized the sizable Spanish-speaking population of Boston as another community where this same technique must be utilized. We have become more deeply involved, on a perfectly proper basis, with legislation of both state and federal nature which affects the health of our communities. Members of both the medical staff and administration have been extremely active in helping formulate and in supporting legislation having to do with lead poisoning, particularly, and in a number of other medical-social areas.

Our educational activities have been expanded to make them more relative. Weekly an enthusiastic group of high school age boys and girls spend several hours in the hospital working alongside doctors, nurses, and administrative personnel. They are members of Children’s Explorer Post, a Boy Scouts of America effort designed to assist young people in determining career choices. Several scholarships have been established in the School of Nursing for minority groups, and the School has become involved not only in preparing young women to become nurses, but in helping them become academically eligible for nurses’ training. A sizable number of Children’s employees have voluntarily taken hospital-sponsored Spanish language courses, as well as medical terminology classes.

Many of the efforts by the medical center and its people have no direct, obvious relationship to our traditional goals, and have, at times, drawn criticism towards us. We are, none-the-less, committed to the belief that these activities must be carried on not only for the future good of Children’s, but because they are the morally right thing for our institution to do. This is a time when the relevancy of institutions is being challenged, when community groups are questioning the value of institutions in terms of self-interest, when governmental agencies are weighing the contributions an institution makes to society on one hand, and what the institution costs to society on the other. Any institution possessing the capacity of being a positive force for social improvement and failing to exercise it must stand ready to defend itself in the court of public opinion. Children’s, we most certainly hope, will never be placed in that position.



Leonard W. Cronkhite, Jr., M.D.
Executive Vice President

Several years ago in the CHMC Annual Report we postulated that the way an institution responds to the needs of society might be an added and valid yardstick of its continuing evolution and growth. We further discussed several of our then-current or planned responses to society, and expressed the hope that we would be viewed by the population we serve as an integral and important part of day-to-day community life.

Whether or not we have indeed reached this point is difficult to demonstrate with scientific precision, but there are a number of indications that we are at least on the way to it. For instance, use of our emergency department has increased significantly since the facilities were remodelled. Our single level of care concept, wherein all patients are charged the same fees and provided care in the same surroundings, has won acceptance. The attempts we made to provide privacy and dignity to the outpatient setting in designing the Fegan Memorial Outpatient Center have had unusual impact upon the attitudes of thousands of inner city dwellers towards Children’s. Other internal changes to accomodate external needs and desires have similarly been well received insofar as we can determine.

As we have watched the public reaction to our various demonstrations of responsiveness, it has become increasingly apparent to us that the public at large is no longer willing to accept health institutions on a traditional basis. Hospitals, the public clearly is telling us, must become relevant to what’s happening outside. Simply being a center of excellence isn’t enough any more. The knowledge and expertise housed within the walls of an institution such as Children’s must be brought to bear on conditions outside the walls; problems which in an earlier time would have been considered beyond our province.

Children’s, to an extent, has heeded the public voice, and as a result in 1971 we find ourselves involved in activities that even a decade ago were at the outer limits of our imagination. As an institution we played a significant role in determining the redirection of New England Hospital, helping it evolve into a community health campus. With the assistance of others we visualized and caused to be created the Health Vocational Training Center, which now is not only providing qualified personnel to the Greater Boston hospital industry, but of equal importance is providing a ladder out of poverty for its graduates. Of late we have turned our attention to development of neighborhood family health care centers in an effort to demonstrate new methods of care delivery and management.

Report of the Executive Vice-President



Report of the Treasurer

For the second year in a row the Treasurer is able to report a noteworthy improvement in our financial position. During the year ended September 30, 1970, we experienced an actual excess of income over expenses, before depreciation; the first time this has occurred in 20 years. The excess was \$31,000, an advance in the "before depreciation" income figure of almost \$325,000 when compared to fiscal 1969. This was accomplished during an extremely difficult year when almost all hospital costs had increased.

The income vs expense improvement was reflected in the net loss for general operations, which declined by \$338,000, from a loss of \$1,351,000 in 1969 to \$1,013,000 this past year.

STATEMENT OF INCOME

(In Thousand Dollars)

Fiscal 1969-1970

REVENUE

*Patient Care**General Services**Grant Overhead**Investments and Trusts**Other*

1970

1969

\$20,663

1,712

682

815

256

\$24,128

\$18,071

1,409

615

943

297

\$21,335

EXPENSES

*Salaries**Other*

\$15,543

7,770

\$23,313

\$13,998

7,077

\$21,075

FREE CARE

784

\$24,097

615

\$21,690*Gain (Loss) Before Depreciation*

\$ 31

(\$ 355)

DEPRECIATION

*(Loss) General Operations**(Loss) Residential Complex**(Loss) Extraordinary Items**(Loss) For the Year*

\$ 1,044

(\$ 1,013)

(\$ 602)

(\$ 730)

(\$ 2,345)

\$ 996

(\$ 1,351)

(\$ 577)

—

(\$ 1,928)

Thus, those costs directly connected with operating the Hospital have been substantially improved. However, the Residential Complex, which is separately reported, continued to be a financial burden, and 1970's operating loss for the Complex was almost \$602,000. In addition, following extensive Trustee reviews of such projects as expansion of basic hospital facilities and the development of health education literature, it was decided, in this year of a balanced operation, to write off the cost of development studies already expended in these reviews. Such "extraordinary items" accounted for \$730,000, bringing the gross loss for the year to \$2,345,000.

It is necessary to report that as the fiscal year closed a number of storm clouds were gathering on the horizon. A cut-back in Medicaid reimbursements is threatened; cost of materials and services continues to increase; in recent months, Hospital occupancy has declined. These factors undoubtedly will jeopardize our financial position in the months ahead.

Although 1970 was a year of controlled fiscal operation, it is unreasonable to expect that the next fiscal period will reflect a similar result. This is not to say that the people of Children's - Trustees, Corporation Members, Medical Staff and Administration - will be content to sit by and offer no resistance in the days to come. The year which has just ended has proved their willingness to leave no stone unturned to save money. Each member of the team deserves credit for an all out effort.

For a copy of the detailed financial statements, audited by independent public accountants, please complete and mail the reply card on the back cover of this report.

F. Murray Forbes, Jr.
Treasurer



Report of the Treasurer

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Fiscal 1969-1970

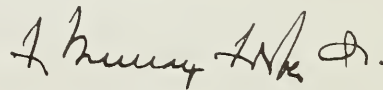
		1970	1969
REVENUE	<i>Patient Care</i>	\$20,663	\$18,071
	<i>General Services</i>	1,712	1,409
	<i>Grant Overhead</i>	682	615
	<i>Investments and Trusts</i>	815	943
	<i>Other</i>	<u>256</u>	<u>297</u>
		\$24,128	\$21,335
EXPENSES	<i>Salaries</i>	\$15,543	\$13,998
	<i>Other</i>	<u>7,770</u>	<u>7,077</u>
		\$23,313	\$21,075
FREE CARE		<u>784</u>	<u>615</u>
		\$24,097	\$21,690
	<i>Gain (Loss) Before Depreciation</i>	\$ 31	(\$ 355)
DEPRECIATION		\$ 1,044	\$ 996
	<i>(Loss) General Operations</i>	(\$ 1,013)	(\$ 1,351)
	<i>(Loss) Residential Complex</i>	(\$ 602)	(\$ 577)
	<i>(Loss) Extraordinary Items</i>	(\$ 730)	—
	<i>(Loss) For the Year</i>	(\$ 2,345)	(\$ 1,928)

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F. Murray Forbes, Jr.
Treasurer

**Other Chiefs/
Directors
of Departments**

as of July 1, 1971

Barry R. Adels, M.D.

Stanley J. Adelstein, M.D.
(Effective 10-7-70)

Joel J. Alpert, M.D.

William Berenberg, M.D.

T. Berry Brazelton, M.D.

Hermen E. Carr, Jr., M.D.

Thomas E. Cone, M.D.

John F. Crigler, M.D.

Allen C. Crocker, M.D.

*Director, Postgraduate
Medical Education
Chief, Division of
Nuclear Medicine
Chief, Family and
Child Health Division
Associate Physician-in-Chief
Chief, Good Samaritan
Convalescent Unit
Director, Employee
Health Service
Chief, Ambulatory
Medical Services
Chief, Endocrinology Division
Chief, Mental Retardation Unit*

Two associates of Dr. Vawter have brought distinction to the Hospital and new knowledge to their clinical colleagues. Dr. Floyd Gilles in neuropathology has made important contributions and organized a fine routine research and teaching Division of Neuropathology within the Department of Pathology. Dr. Richard VanPraagh has brought expertise in the field of pathology of congenital heart disease that is unique in a children's hospital. The medical and surgical treatment of congenital malformations of the heart has become one of the greatest contributions to pediatrics. Dr. VanPraagh's work has provided a foundation for pediatric cardiology and cardiac surgery that can be translated into the saving of life on a large scale.

Dr. Jonathan Cohen has continued as Orthopedic Pathologist, bringing expertise and valuable contributions to one of the difficult fields of pathology, in continuation of a generous voluntary effort for many years. Dr. Betty Geren Uzman has continued to share her Laboratories of Electron Microscopy and Tissue Ultrastructure in the Foundation with members of the Hospital Staff and has carried out extensive studies of importance to the Department of Pathology.

Dr. Harry Shwachman, who was appointed in 1946 to the newly created Clinical Laboratories in the Division of Laboratories and Research, under my direction, retires to full-time clinical work and research in cystic fibrosis in the years remaining to him on the Staff. Through these years Dr. Shwachman worked indefatigably. He perfected laboratory services of a kind we had never known before, with great accuracy from the medical point of view and with great economic success as far as financial returns to the Hospital was concerned. From the very nature of his routine work he served the Hospital as a whole. He did this with dignity, effectiveness, loyalty, and precision which characterized the finest kind of doctor and the most valuable kind of colleague one could have. And while doing all this, he made an international reputation in the field of cystic fibrosis. Thousands of patients are grateful to him for their well-being and for their very lives.

Three other members of the Division of Laboratories and Research since 1946 should be mentioned. Dr. John Enders whose epoch-making research in poliomyelitis, measles and virus disease has moved to the new research building of the Hospital where he continues to teach and inspire younger people in the field where he is an acknowledged master. Dr. George Foley of The Children's Cancer Research Foundation, has been Chief Consultant to the Bacteriology Laboratories of the Hospital for many years, responsible for the high scientific level of the routine bacteriology studies carried out so expertly by Mr. Kevin Becket. Dr. Foley's responsibilities include those of the Associate Director for Laboratory Programs in the Foundation.

It is with great regret that I record the termination of Dr. J. LeRoy Conel's research program which began in 1931 in the Department of Pathology, on the structure of the nervous system at various ages. He is bringing to completion, at the age of 89, the ninth Atlas which forms the basis for clinical studies of the development of the nervous system of children. His has been a monumental contribution, sponsored first by my Chief, Dr. S. Burt Wolbach, and carried on until the present time.

James E. Drorbaugh, M.D.
John Enders, Ph.D.

Francis X. Fellers, M.D.
Robert M. Filler, M.D.
Donald C. Fyler, M.D.

Park S. Gerald, M.D.
Allan C. Goodman, Ph.D.

G.B. Clifton Harris, M.D.
Sherwin V. Kevy, M.D.
Kon Taik Khaw, M.D.

C. Grant LaFarge, M.D.

Cesare T. Lombroso, M.D.

Joseph P. Lord, Ph.D.

Chief, Newborn Division (LOA)
Chief, Research Division
of Infectious Diseases
Chief, Renal Metabolic Division
Associate Chief of Surgery
Associate Chief of Cardiology
(Clinical Services) and Director,
Chamber Catheterization Laboratory
Chief, Clinical Genetics
Director, Hearing
and Speech Division
Associate Radiologist-in-Chief
Director, Blood Bank
Associate Chief,
Clinical Nutrition Division
Director, X-Ray
Catheterization Laboratory
Chief, Division of Neurophysiology
and Seizure Unit
Chief Psychologist

Robert P. Masland, Jr., M.D.
Benedict F. Massell, M.D.

R. Grier Monroe, M.D.

Harry L. Mueller, M.D.
David G. Nathan, M.D.
Fred S. Rosen, M.D.
Robert G. Rosenberg, M.D.

Harry Shwachman, M.D.

David H. Smith, M.D.

Denise J. Strieder, M.D.
Melvin Tefft, M.D.
(Retired 10-1-70)

Salvador Treves, M.D.

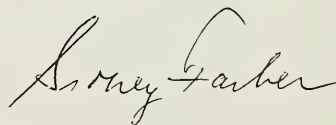
Chief, Adolescents' Unit
Director, Rheumatic Fever
Research Unit
Associate Chief of Cardiology
(Research) and Director of
Experimental Laboratory
Chief, Allergy Division
Chief, Hematology Division
Chief, Immunology Division
Chief, Martha Eliot
Family Health Center
Chief, Laboratories of
Clinical Pathology and
Chief, Clinical Nutrition Division
Chief, Division of
Infectious Diseases
Director, Pulmonary Laboratory
Radiotherapist-in-Chief,
Division of Radiotherapy and
Nuclear Medicine
Associate Chief, Division of
Nuclear Medicine

A personal word of farewell after an association that began August 1, 1927. A backward look for a moment yields only a sense of deep satisfaction for what so many men and women, dedicated to the achievement of a goal, have accomplished – Trustees, Staff, Administration, Women's Committee, Nurses Training School, and the thousands of loyal employees who have worked together to make possible the realization of many dreams. Because of what they have accomplished the public in turn has responded to the needs of the Hospital which provided so much for patients in need. In looking back, there is awareness that serious problems have existed but they have faded into insignificance when compared with what this great institution has accomplished. As for the retired Chairman of the Staff, he is aware of only one Staff appointment to be made – a successor as Chairman of the Staff has not yet been appointed. From long experience I have no hesitancy in recommending to the Trustees that a Chairman of the Staff, reporting directly to the Executive Committee of the Board of Trustees, working in an effective and dignified manner with the General Director, is a necessity, if the full potential of The Children's Hospital Medical Center is to be realized.

The retired Chairman will never lose his deep interest, concern and devotion for all that is important in The Children's Hospital Medical Center. Since retirement, he has been able to devote his full energies to The Children's Cancer Research Foundation, which is an independent but associated institution. The Foundation is now at work actively doing what children should do for their parents who are in need – The Children's Cancer Research Foundation is building a large Cancer Center for adult patients across the street, and looks forward to accelerating research progress against cancer, to providing a Center for this region of the country in the chemotherapy and immunotherapy of cancer, and to serving as the Cancer Center for Harvard Medical School, as Dean Ebert has phrased it.

The Children's Cancer Research Foundation and its new addition, The Charles A. Dana Cancer Center, will have expertise and research programs that will be linked to all the surrounding hospitals along the model which has worked so well for almost a quarter of a century in association with The Children's Hospital Medical Center. This is the challenge for the Chairman's later years which keeps him as happily occupied as in the last forty-four years, now fortunately at his own pace.

My gratitude to the Trustees, Administration, and colleagues on the Staff for the great privilege of serving a remarkable institution for so many years, and for the opportunity to work with people with such deep concern for children.



Dr. Sidney Farber
Chairman of Staff

Board of Trustees

as of July 1, 1971

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Julian D. Afthyony
Neil R. Ayer

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Sherwood E. Bain
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Robert H. Hallowell

Earle Groper
Stephen J. Griffin
Robert E. Gregg
Joseph Greenbaum
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Mrs. Howard F. Gillette
John L. Gardner
Harrison Gradner
George P. Gardner, Jr.
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In Memoriam

Francis T. Baldwin	Director of the Infant's Hospital from 1952 to December 1959, and a Corporation Member from December 1959 until his death, in November 1970.
Mrs. William DeFord Beal	Corporation Member from 1950 until her death, in July, 1970.
Philip G. Bronstein	Trustee from 1961 to 1964 and a Corporation Member from 1949 to 1961 and from 1964 until his death, on January 5, 1971.
Raymond J. Callahan	Trustee from 1950 to December 1960 and a Corporation Member from December 1960 until his death, on October 8, 1970.
Dr. James T. Cameron	Formerly Assistant Physician in the Cardiology and Rheumatic Fever Divisions, on March 13, 1971.
Frank S. Christian	Trustee from 1963 until his death, on January 12, 1971.
Frank W. Crocker	President of the Judge Baker Guidance Center from March 1953 to December, 1964 and a Trustee of the hospital from 1953 until his death, in June 1970.
W. Edgar Crosby, Jr.	Corporation Member from 1951 until his death, on November 30, 1970.
Dr. Seth Dartley	A technician in the Laboratories of Clinical Pathology from 1967 to 1970 while in medical school, on April 3, 1971,
Richard G. Dorr	President and Director, Parents' & Children's Services of the Children's Mission, from 1962 to 1968, a Corporation Member, from 1960 to 1964, and a Trustee of the hospital from 1964 until his death, in February 1971.
Dr. R. Cannon Eley	Consultant in Medicine, and formerly Director of Postgraduate Education and Senior Associate in Medicine, on April 29, 1971.
Mrs. Hermina S. Godinez	An employee in the Women's Committee Coffee Shop, suddenly on March 31, 1971.
Dr. Morris N. Green	Research Associate in Laboratories of Clinical Pathology from 1955 to 1967, on March 4, 1971.
Dr. Paul A.M. Gross	Research Fellow in Medicine from 1956 to 1959, on July 23, 1970.
Dr. Charlotte Landis Maddock	Research Associate in Pathology, from 1929 to 1967, on November 18, 1970.
Katherine L. Robinson	Instructor in Nursing and formerly a Staff Nurse, suddenly on April 17, 1971.
Dr. Isaac Schwartz	Volunteer Assistant in Medicine, the Seizure Unit, and Neurology from 1947 to 1968, on March 20, 1970.
Mrs. Vida Tempesta	Dietary Supervisor in the Night Food Service, on January 24, 1971.

Friends of The Children's Hospital Medical Center often desire to express their appreciation to the Medical Center by a contribution in support of its efforts. Any information concerning the various needs of The Children's Hospital Medical Center can be obtained by contacting the Office of Resources and Development.

FORM OF DEVISE (Real property)

I give and devise to The Children's Hospital Medical Center, located in the City of Boston, for its corporate purposes, all that, etc. (here describe the property).

FORM OF BEQUEST

I give and bequeath to The Children's Hospital Medical Center, located in the City of Boston, for its corporate purposes, the sum of \$ _____.

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